



KANSAS
DEPARTMENT OF HEALTH & ENVIRONMENT
BILL GRAVES, GOVERNOR
Clyde Graeber, Secretary

March 26, 2001

Mr. Ronald K. Robertson
Safety-Kleen (Wichita)
2549 N. New York Ave.
Wichita, KS 67219

RE: Hazardous Waste Compliance Inspection of March 9, 2001.
EPD Identification Number: KSD007246846

Dear Mr. Robertson:

Thank you for your letter dated March 14, 2001. Based on the information provided, the violation KAR 28-31-4(c)(1) found during the inspection has been corrected.

Your cooperation with the hazardous waste management program is appreciated. If you have questions concerning this letter, please call me at (316) 337-6039.

Respectfully,

Debbie Travis
Waste Management Inspector
BEFS, SCDO

cc: John Mitchell, Bureau of Waste Management, Topeka
Ron Smith, Compliance and Enforcement, Topeka
SCDO, File



R00184293
RCRA RECORDS CENTER

DIVISION OF ENVIRONMENT
Bureau of Environmental Field Services

South Central District Office
130 S. Market, Room 6050
Wichita, KS 67202-3802

Printed on Recycled Paper

(316) 337-6039
FAX (316) 337-6023
dtravis@kdhe.state.ks.us



Hazardous Waste Compliance Monitoring and Enforcement Log

RECEIVED

APR 04 2001

FORM
A

Handler

ID Number **K S D 0 0 7 2 4 6 8 4 6** LDF () TSF (X) GEN (X) KG () SQ () TRA ()
HWM () HWB () UOM () UOB () NOT A GEN ()

Handler Name: Safety Kleen (Wichita), Inc.

Street: 2549 N. New York

City: Wichita, KS 67219

County: Sedgwick

EVALUATION

New ☒

Followup: Date (on site)

Date (of letter)

Delete ☐

Date **01** **03** **09** Agency **S** Type **CSE** Reason **01** Person **MRC** District **SC**

Areas of Evaluation (EV - Evaluated, NE - Not Evaluated, NA - Not Applicable)

Generator		Transporter		Treatment/Storage/Disposal Facility				Other					
GER	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GPT	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DCH	<input type="checkbox"/> <input type="checkbox"/>	DGW	<input type="checkbox"/> <input type="checkbox"/>	DMC	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DPP	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	BRR	<input type="checkbox"/> <input type="checkbox"/>
GGR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GRR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DCL	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DIN	<input type="checkbox"/> <input type="checkbox"/>	DMR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DSI	<input type="checkbox"/> <input type="checkbox"/>	CAS	<input type="checkbox"/> <input type="checkbox"/>
GLB	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GSC	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DCP	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DLB	<input type="checkbox"/> <input type="checkbox"/>	DOR	<input type="checkbox"/> <input type="checkbox"/>	DTR	<input type="checkbox"/> <input type="checkbox"/>	CSS	<input type="checkbox"/> <input type="checkbox"/>
GMR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	GSQ	<input type="checkbox"/> <input type="checkbox"/>	DFR	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DLF	<input type="checkbox"/> <input type="checkbox"/>	DOT	<input type="checkbox"/> <input type="checkbox"/>	DTT	<input type="checkbox"/> <input type="checkbox"/>	FEA	<input type="checkbox"/> <input type="checkbox"/>
GOR	<input type="checkbox"/> <input type="checkbox"/>			DGS	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	DLT	<input type="checkbox"/> <input type="checkbox"/>	DPB	<input type="checkbox"/> <input type="checkbox"/>	DWP	<input type="checkbox"/> <input type="checkbox"/>	ILD	<input type="checkbox"/> <input type="checkbox"/>
TGR	<input type="checkbox"/> <input type="checkbox"/>												
TMR	<input type="checkbox"/> <input type="checkbox"/>												
TOR	<input type="checkbox"/> <input type="checkbox"/>												
TRR	<input type="checkbox"/> <input type="checkbox"/>												
TWD	<input type="checkbox"/> <input type="checkbox"/>												

Used Oil UOM ☐ ☐ UOB ☐ ☐ UTM ☐ ☐ SUM ☐ ☐ SUB ☐ ☐

COMMENTS

VIOLATION # **1** Date Determined **03** **09** **01**New ☒ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **60** Area **GGR** Priority **1** Type **SR**

Regulation Citation: **KAR 28-31-4(c)(1)**

Description: **Notification in not current.** Returned to Compliance

Sch'd **04** **09** **01**
Actual **03** **26** **01**

VIOLATION # _____ Date Determined _____

New ☐ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **60** Area **GGR** Class **SR** Priority **1** Type **SR**

Regulation Citation: _____
Description: _____ Returned to Compliance

Sch'd _____
Actual _____

VIOLATION # _____ Date Determined _____

New ☐ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **60** Area **GGR** Class **SR** Priority **1** Type **SR**

Regulation Citation: _____
Description: _____ Returned to Compliance

Sch'd _____
Actual _____

VIOLATION # _____ Date Determined _____

New ☐ Change ☐ Delete ☐ Comments ☐

Agency **S** Number **60** Area **GGR** Class **SR** Priority **1** Type **SR**

Regulation Citation: _____
Description: _____ Returned to Compliance

Sch'd _____
Actual _____

Hazardous Waste Compliance Monitoring and Enforcement Log

**FORM
B**

ID Number **K S D 0 0 7 2 4 6 8 4 6**

Handler Name: **Safety Klean (Wichita), Inc.**

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation: _____						
Description: _____						
Returned to Compliance						
		M M	D D	Y Y		
		Sch'd				
		Actual				

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation: _____						
Description: _____						
Returned to Compliance						
		M M	D D	Y Y		
		Sch'd				
		Actual				

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation: _____						
Description: _____						
Returned to Compliance						
		M M	D D	Y Y		
		Sch'd				
		Actual				

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation: _____						
Description: _____						
Returned to Compliance						
		M M	D D	Y Y		
		Sch'd				
		Actual				

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation: _____						
Description: _____						
Returned to Compliance						
		M M	D D	Y Y		
		Sch'd				
		Actual				

VIOLATION # _____		Date Determined		M M	D D	Y Y
New <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input checked="" type="checkbox"/>	Comments <input type="text"/>			
Agency	Number	Area	Class	Priority	Type	
S						
Regulation Citation: _____						
Description: _____						
Returned to Compliance						
		M M	D D	Y Y		
		Sch'd				
		Actual				

ENFORCEMENT New ☒ Change ☐ Delete ☒

Date **Y Y** **M M** **D D** Number Agency **S** Type **C E I** District **S C** Person **M R C**

Date **0 1** **0 3** **0 9** Number Agency **S** Type **C E I** District **S C** Person **M R C**

COVERED

Agency	Violation Number	Area	Agency	Violation Number	Area	Agency	Violation Number	Area
S			S			S		
S			S			S		
S			S			S		
S			S			S		

Comments: _____

Rev. 4-94